Date July 19,2005

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

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FEE IRANSMIT AL Filing Date O2/05/2004 First Named Inventor BULLOCK, Matthew Examiner Name GORDON, Stephen Art Unit 3612 Attorney Docket No. Other (please identify): Obeyosit Account Deposit Account Number: 110853 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES Small Entity Small Entity Small Entity Small Entity Small Entity Small Entity		ective on 12/08/2					Complete	if Know	vn
FIRST Named Inventor BULLOCK, Matthew Examiner Name GORDON, Stephen Art Unit 3612 Attorney Docket No. 10.065.017 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 110853 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Credit and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (s) Fe	Fees pursuant to the Consc				Application Nu	ımber	10/772,1	91	
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Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) / \$ O Art Unit 3612 Art Unit 3612 Attomey Docket No. 10.065.017 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account, Number: 110853 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below. Charge fee(s) indicated below on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$) Fe	F	or FY 2	005	Ĺ	First Named In	nventor	BULLOC	K, Matth	ew
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below ✓ Charge any additional fee(s) or underpayments of fee(s) ✓ Charge any additional fee(s) or underpayments of fee(s) ✓ Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments WARNINS: Information on this form may become public. Credit card information should not be included on this form. Provide credit car information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES Small Entity Fee (\$) F	METHOD OF PAYME	NT (check a	I that apply)						
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If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or compu listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each addition	sheets or fraction		35 U.S.C. 41(a)	.)(1)(G) a	nd 37 CFR 1.	.16(s).	on thoron	. Eoo	(\$) Eoo I
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or compu listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each addition sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			/ 50 =						(\$) = <u>ree i</u>
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or compulistings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each addition sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee (\$)	4. OTHER FEE(S)	ification \$			•		,		Fees
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or compulistings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each addition sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee (\$) - 100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S)									
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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Complete if Known				
Application Number	1.0/.772,191			
Filing Date	December 09, 2003	•		
First Named Inventor	Bullock, Matthew			
Art Unit	3612			
Examiner Name	Gordon, Stephen T.			
Attorney Docket Number	065.023			

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Examiner Initials*	Cite No.1	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	├	Number-Kind Code ^{2 (§ known)}	10 1077	Pielland et al	, ,g_,,g_,, ,p_,,
	 	^{US-} 4,054,226 A	10-1977	Bjelland et al.	
		^{US-} 4,264,251 A	04-1981	Blatt	
		^{US-} 4,640,853 A	02-1987	Schmeal et al.	
		^{US-} 4,846,610 A	07-1989	Schoenleben	<u> </u>
		^{US-} 5,431,284 A	07-1995	Wilson	
		^{US-} 5,595,315 A	01-1997	Podd et al.	
		^{US-} 6,089,802 A	07-2000	Bullock	
		^{US-} 6,227,779 B1	05-2001	Bullock	
		^{US-} 6,368,036 B1	09-1999	Vario	
		^{US-} 6,607,337 B1	08-2003	Bullock	
		^{US-} 6,758,644 B1	07-2004	Vick	
		^{US-} 6,702,532 B1	03-2004	Throener	
		^{US-} 6,533,513 B2	03-2003	Kanczuzewski	
	:	^{US-} 4,553,888	11-1985	Crissy et al.	
		^{US-} 5,037,256	12-1989	Schroeder	
		^{US-} 5,062,751	03-1991	Liebeł	
		^{US-} 5,132,156	03-1992	Trussare, Jr. et al.	
		^{US-} 5,139,842	08-1992	Sewell	
		^{US-} 5,484,643	01-1996	Wise et al.	

		FORE	IGN PATENT DOCU	MENTS		
Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	
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Signature	Consider	ed
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Sheet 2

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Сотрівтв іт Кложії				
Application Number	11 may 10/77 2,191			
Filing Date	December 09, 2003			
First Named Inventor	Bullock, Matthew			
Art Unit	3612			
Examiner Name	Gordon, Stephen T.			
Attorney Docket Number	065 023			

			U. S. PATENT	T DOCUMENTS	
Examiner Initials*	Cite No.1	Document Number Number-Kind Code ^{2 (F known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		US- 5,086,038	12-1998	Bostelman	
		^{US-} 5,855,459	01-1999	Krier et al.	
		^{US-} 5,947,666	09-1999	Huang	
		^{US-} 6,419,434	07-2002	Rahn	
		^{US-} 6,435,787	08-2002	John	
		^{US-} 6,527,488	03-2003	Elze et al.	
		^{US-} 5,568,636	05-2003	Firzgerald	
		^{US-} 4,111,132	09-1978	Plut	
		^{US-} 4,964,771	10-1990	Callihan	
		^{US-} 5,516,244	05-1996	Baka	
		^{US-} 5,784,761	07-1998	Allen	
		^{US-} 2,269,286		Ott	
		^{US-} 3,547,457		Langer	
		^{US-} 3,848,889		Sharrow	
-		^{US-} 3,897,919		Weingarten	
		^{US-} 3,910,558		Brucker et al.	
		^{US-} 3,612,463		Grant	
		^{US-} 2003/0206782	11-2003	Toglia	
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		FOREIG	SN PATENT DOCL	JMENTS		
Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	- 6
		Country Code ³ "Number ⁴ "Kind Code ⁵ (<i>if known</i>)	MM-DD-YYYY		Or Relevant Figures Appear	T'
		EP1184436A1	03-06-2002	Kreckel, Karl Werner		
		WO09301979A1	02-04-1993	Schwartz, Mark E.		
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Signature	Considered	
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		NON PATENT LITERATURE DOCUMENTS	
Examiner Initials*	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
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			.,,
Examiner	<u> </u>	Date	
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¹ Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

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